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IN RE U.S. PATENT APPLICATION

SERIAL NUMBER: 09/147,801 GROUP 1600TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Hon. Commissioner
for Patents
Washington, D.C. 20231Attention: Examiner Donna Wortman
Group Art Unit: 1648

TELECOPIER NUMBER: (703) 308-4242

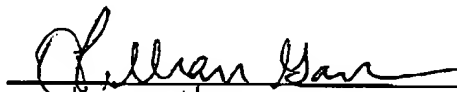
DOCUMENTS ATTACHED:

1. Response to 7/10/01 Communication
2. Specification pages 11 and 12 showing amendments
3. Transmittal Letter (in duplicate)
4. Petition for Extension of Time (in duplicate)

THE SENDER IS:

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Registration No. 38,479
c/o FISH & NEAVE
1251 Avenue of the Americas
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Tel.: (212) 596-9000
Fax: (212) 596-9090CLIENT NO. 03786.002 (MICRO-1)CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

11/13/01
Date
Lillian Garcia.TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER: 13DATE: November 13, 2001

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MICRO/001
(REF/29713/NI)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Donna Wortmann
Group Art Unit : 1648
Applicant : Bo Niklasson
Application No. : 09/147,801
Filed : March 11, 1999
For : NEW PICORNAVIRUSES, VACCINES AND
DIAGNOSTIC KITS

Hon. Commissioner for Patents
Washington, D.C. 20231

New York, New York
November 13, 2001

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action
and [X] a Petition for Extension of Time to be filed in the
above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
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TOTAL CLAIMS	-	*	=	X	\$	9	=	\$
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INDEPENDENT CLAIMS	-	**	=	X	\$	42	=	\$
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FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+	\$	140	=	\$
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* If less than 20, insert 20.

** If less than 3, insert 3.

TOTAL \$

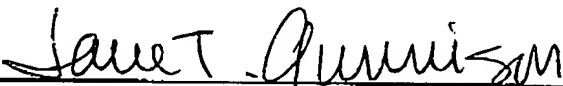
[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. \$ 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[X] The following extension is applicable to the Response filed herewith; [X] \$460.00 extension fee for response within third month pursuant to 37 C.F.R. \$ 1.136(a).

[X] Please charge the amount of [X] \$460.00 in payment of the extension fee to Deposit Account No. 06-1075.

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. \$ 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.


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